

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

Eating and Drinking Establishment Survey Form for New Facilities and Change of Ownership

If your facility wishes to participate in this program, please complete this form and fax or deliver it to: Montgomery County Department of Health and Human Services, Office of Licensure and Regulatory Services at 255 Rockville Pike, Suite 100 in Rockville, Maryland 20850. The information provided will be posted on Licensure and Regulatory Services' website for 6 months.

Facility Name:
Facility Address:
Telephone Number:
Website Address:

Hours and Days of Operation:			
Entrée Prices:	\$10 or less _____	\$11 through \$19 _____	More than \$20 _____
Meals Served:	Breakfast _____	Lunch _____	Dinner _____
Other (please specify) _____			
Children's Menu:	Yes _____	No _____	Delivery: Yes _____ No _____
Alcoholic Beverages:	Beer: _____	Wine _____	Liquor _____
Service Style:	Fine Dining _____	Casual _____	Buffet _____
Carry-Out _____		Catering _____	Patio Dining _____
Other (please specify) _____			

COOKING STYLE			
American: ■ Barbeque ■ Hamburger ■ Homestyle ■ Pizza ■ Seafood ■ Chicken ■ Steaks ■ Subs	African Cajun Caribbean Chinese French German Greek Indian Irish	Italian Japanese Korean Latin American Mexican Middle Eastern Spanish Thai Vegetarian	Vietnamese Other Cooking Style (please specify): ■ _____ ■ _____ ■ _____

